GOVERNMENTAL AGENCY (under Fam. Code, §§ 17400, 17406) or ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional)	:	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		OAGE NUMBER
ORDER AFTER HEARING ON MOTION TO SET ASIDE SUPPORT ORDER		CASE NUMBER:
1 This propositing was board		
<ol> <li>This proceeding was heard on (date): at (time):</li> </ol>	in Dept:	Room:
by Judge (name):	Temporary Judge	
2. a. Petitioner/plaintiff present	Attorney present (name):	
b. Respondent/defendant present	Attorney present (name):	
c. Other parent present	Attorney present (name):	
d Governmental agency	By <i>(name):</i>	
3. The support order filed (date):	ordering (name):	
to pay support to (name):		
a. is not set aside		
b is set aside on the following grounds (specify)	:	
4. Other (specify):		
Date:		IUDIOIAL OFFICER
Approved as conforming to court order:		JUDICIAL OFFICER
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(TYPE OR PRINT NAME)	SIGNATURE OF ATTORN	IEY FOR PETITIONER//PLAINTIFF
(THE STITEMENT)	GIGHT OF ATTOM	RESPONDENT/DEFENDANT
		OTHER PARENT